**Sandy Mount United Methodist Church**

**2101 Old Westminster Pike, Finksburg, Maryland 21048**

**Phone Number 410 861-5788**

**SMUMC Facility Use Request** **Date of Request** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Organization** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Reason for Request** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date(s) Requested for Use** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ***(\*\*\*Request should be received 30 days prior to use if possible\*\*\*)***

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Date(s)** | **Time(s)** | **Custodian Assistance Required (Y/N)?** |
| **Set-Up Information** |  |  |  |
| **Event Information** |  |  |  |
| **Close-Down Information** |  |  |  |

**Facility/Room(s) Requested:**

|  |  |  |  |
| --- | --- | --- | --- |
| \_\_ Sanctuary (S)  | \_\_ Church Parlor (CP) | \_\_ Kitchen | \_\_ Library (LB) |
| \_\_ New Fellowship Hall (NFH)  | \_\_ Choir Room (CR) | \_\_ Nursery (NY) | \_\_ Cribbery (CRB) |
| \_\_ Old Fellowship Hall (OFH) | \_\_ Adult Sunday School Rm (ASR) | \_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **New SS School Wing Rooms** | \_\_ Red Room | \_\_ Yellow Room | \_\_ Green Room  | \_\_ Blue Room |

**Number of Individuals Expected to Attend** Adults\_\_\_\_\_\_\_\_\_\_\_\_ Children\_\_\_\_\_\_\_\_\_\_\_\_

**Equipment Requested** Tables \_\_\_\_\_\_ Chairs \_\_\_\_\_\_\_ Other Equipment \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“Organizations” *not* individuals need to include a Certificate of Insurance.**

**Organization Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Church Representative** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please contact the church office or church representative if the event is cancelled or postponed. Also contact the church if there are any changes to the initial request.

Approved/Disapproved Approved/Disapproved

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Pastor Trustee Representative

Rev. 4/10/2018